



The Commonwealth of Massachusetts
Office of Consumer Affairs and Business Regulation
Department of Telecommunications & Energy
Telecommunications Division ~ (617) 305-3540

Independent Payphone Provider (IPP)
Revenue Statement for Calendar Year Ending December 31, _____

1. *Exact* name of reporting company _____
2. dba in MA, if any _____
3. Federal Identification Number (FIN) _____
4. If filing a combined statement, list registered name and FINs of **all** joint filers:

Registered name(s)	dba	FIN
_____	_____	_____
5. MA **intrastate** operating revenue \$ _____
6. MA **intrastate** operating expenses \$ _____

CONTACT INFORMATION

Questions regarding the information provided in this return, and **regulatory assessment invoices should be directed to:** [] ***Please check if the contact information has changed since last filing.***

Contact person/title _____

Address _____

Contact person telephone number _____ Contact person E-mail address _____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Date _____

Signature

Name/Title (typed or printed)

Please issue a check in the amount of \$5 payable to the Comm of MA-DTE. Do not staple the check to the forms.
Mail the original **IPP Revenue Statement** and two (2) photocopies, along with the original check, and two (2) photocopies of the check to:

MA Department of Telecommunication & Energy
Attn: Telecommunications Division
One South Station
Boston, MA 02110-2212